## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09759684

								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			9				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	9 minus 20=		• /			X\$ 9=		OR	X\$18=	
<b>I</b> —	EPENDENT CL		) minus 3 =		*			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=	- /	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	1	TOTAL	35500	OR	TOTAL		
CLAIMS AS AMENDED - PART II							SMALL E	ENTITY	OR	OTHER SMALL I		
 		(Column 1) CLAIMS	इ.टि.स. १ इ.ट. च १७०	(Colu	mn 2) IEST	(Column 3)	) 1 r	OINALL I		) i	ST.	
ENT A		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	•	= '		X\$ 9=		OR	X\$18=	
AME	Independent	* NITATION OF M	Minus	***	T CL AIM	=	<b> </b>	X40=		OR	X80=	
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ן נ	+135=		OR	+270=	
							TOTAL	e e e tradición de la e	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Calu	mn 2)	(Column 3)		ADDIT. FEE	Source - South State (South Sta		AUUII, FEE	
		CLAIMS	# 47.27 %		HEST	(Coldinit 3)	ή г		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NON	Total	*	Minus	**		=	]	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	~ ~	<u>                                     </u>	4 [	X40=		OR	X80=	
	PIRST PRESE	NTATION OF M	OLTIPLE DEF	ENDEN	CLAIM		┙╽	+135=		OB	+270=	
					•	•	l	TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	L
<u> _</u>		(Column 1)			mn 2)	(Column 3)	)_					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	+	Minus	***	T 01 111	=	<u></u> ┨╏	X40=		OR	X80=	
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┙╽	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL			
	If the "Highest Nu	mber Previously F	Paid For" IN TH	S SPACE	is less tha	an 3, enter "3."	, ,	ADDIT. FEE			ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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09	759684

CLAIMS AS FILED - PART I  (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER SMALL E	
TOT	AL CLAIMS				RATE	FEE		RATE	FEE.
FOR		NUMBER FIL	ED NUMBE	R EXTRA	BASIC FEE	37 <b>5</b> .00	OR	ASIC FEE	740.00
<u> </u>	AL CHARGEABLE CLAIMS						OR	X\$18=	
INDE	PENDENT CLAIMS	2 minus 3 = *			X42=		OR	. X84≕	ļ
MUL	TIPLE DEPENDENT CLAIM	PRESENT			+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL	375.00	OR	TOTAL		
CLAIMS AS AMENDED - PART II					SMALL E	ENTITY	OR _	OTHER SMALL	
NT A	(Column 1 CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NE ME	Total *	Minus	~ <b>4.</b> *	=	X\$ 9=		OR	XS18=	
Z	Independent *	Minus	***	. 덮	X42=		OR	X84=	
A P	FIRST PRESENTATION OF	MULTIPLE DEP	ENDENT CLAIM		+140=		OR	+280=	
			Q)		TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
1	(Column 1) (Column 2) (Column 3)								
NT B	(Column : CLAIMS REMAININ AFTER AMENDMEN	à	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NA BWI	Total *	Minus	**	=	X\$ 9=		ΘR	X\$18=	<u> </u>
AMENDMENT	Independent *	Minus	***	=	X42=		OR	X84=	
A .	FIRST PRESENTATION OF	MULTIPLE DEF	ENDENT CLAIM		+140=	:	OR	4·280=	
					TOTAL ADDIT FEE		OR	TOTA ADDIT. FEI	
	(Column		· (Column 2)	(Column 3)		·	٦		ADDI-
O LX	REMAININ AFTER AMENDME	G	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL
AMENDMENT	Total *	Minus	44	=	X\$ 9=		OR	X\$18=	
III.	Independent *	Minus <sup>4</sup>	****	=	X42=	-	OR	X84=	
₩₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	202	
							OR	±280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ADDIT FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  **Page 1 and Trademark Office U.S. DEPARTMENT OF COMMARK OFFI COMMA									E
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